

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **101815615**

FILED DATE

APPLICANT(S)

| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | CLAIMS | | | | | | | | |
|--------------|-----|---------------------|-----|---------------------|-----|--------|-----|--------------|-----|-----|-----|-----|-----|-----|
| IND | DEP | IND | DEP | IND | DEP | | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | 2 | | 2 | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | 49 | | 51 | | | | TOTAL CLAIMS | | | | | | |

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51